00627

MARYLAND 00631

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 201

Item 13. FilmG176 1-28-55 et

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Still Pond
LENGTH OF STAY (in this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Still Pond COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Still Pond Md
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): George Spencer Bowlden
4. DATE OF DEATH (Month) (Day) (Year): Jan 1 1955
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, ~~MARRIED~~, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH: Dec 12 1869
9. AGE last birthday: 85 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Still Pond Md
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Trisby H Bowlden
14. MOTHER'S MAIDEN NAME: Rebecca Scotten
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) no
16. SOCIAL SECURITY No.: no
17. INFORMANT AND ADDRESS: Albert Jerusi Still Pond, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X

Immediate cause (a) Probable Ca of Lung — INTERVAL BETWEEN ONSET AND DEATH: 6 Mo.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1953 to Dec., 1954, that I last saw the deceased alive on 12-31, 1954, and that death occurred at ? m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
R. M. Atkins, M.D. Chestertown 1-3-55

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial DATE Jan. 5, 1955 NAME OF CEMETERY OR CREMATORY Schrewsbury LOCATION (City, town, or county) (State) Kennedyville Md.
DATE REC'D BY LOCAL REG. 1/5/55 REGISTRAR'S SIGNATURE E. Kennard Jones
24. FUNERAL DIRECTOR B. R. Fellows ADDRESS Still Pond Md.

MARGIN RESERVED FOR BINDING

I

RECEIVED
JAN 26 1955
BUREAU V. S.

00626

00628

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2 02

1. PLACE OF DEATH — COUNTY: Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown — LENGTH OF STAY (in this place): all life
37
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 349 Cannon St.
60

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown — 37
STREET ADDRESS (If rural, give location): 349 - Cannon St. — 1

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Emma Brown.
4. DATE OF DEATH (Month) (Day) (Year): January 13 1955

5. SEX: Female
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 1/5/1873
9. AGE last birthday: 82 yrs. — If under 1 year: Months | Days — If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: None.
11. BIRTHPLACE (State or foreign country): Kent Co. Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown.
14. MOTHER'S MAIDEN NAME: Unknown. -(Kemsley?)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): 4 - No -
16. SOCIAL SECURITY NO.: None -
17. INFORMANT AND ADDRESS: Elick Comegys. 349 Cannon St. Chestertown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.0

Immediate cause (a) Generalized arteriosclerosis — ?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-3, 1955, to 1-10, 1955, that I last saw the deceased alive on 1-10, 1955, and that death occurred at 1-13-55 approx 2A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

R. M. Atkins M.D. Chestertown Md. 1-13-55

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Jan. 15, 1955 — NAME OF CEMETERY OR CREMATORY: Chestertown Cemetery — LOCATION (City, town, or county) (State): Chestertown Maryland

DATE REC'D BY LOCAL REG.: Jan. 14-1955 — REGISTRAR'S SIGNATURE: Clara S. Barnes. — 24. FUNERAL DIRECTOR: Marvin V. Williams — ADDRESS: Chestertown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 17 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00629

00632 **CERTIFICATE OF DEATH** Reg. Dist. No. 202

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X near - Worton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS (Big Woods)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Worton Rural X
STREET ADDRESS (If rural give location) (Big Woods)

3. NAME OF DECEASED: (Type or Print) (First) Ada (Middle) (Last) Chism

4. DATE OF DEATH: (Month) I/3I/55 (Day) (Year) 19

5. SEX: female

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) widowed

8. DATE OF BIRTH: Nov. 4, I886

9. AGE last birthday 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lewin Peaker

14. MOTHER'S MAIDEN NAME: Rosie Garrison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 220-03-5II3

17. INFORMANT & ADDRESS: Estella Foreman Worton, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 443X (A) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: several months

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Arterial hypertension — Don't know

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/29, 1955, to 1/31, 1955 that I last saw the deceased alive on 1/31, 1955, and that death occurred at 10 P.M, from the causes and on the date stated above.

SIGNATURE Robert W. Farr M.D. ADDRESS Chestertown, Md. DATE SIGNED Feb. 1, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 2/6/55

NAME OF CEMETERY OR CREMATORY Fountain Cem. (Big Woods)

LOCATION (City, town, or county) (State) Kent Co, Md.

DATE REC'D BY LOCAL REGISTRAR Feb. 2-1955

REGISTRAR'S SIGNATURE Clara L. Barnes.

24. FUNERAL DIRECTOR J. Willis Wells

ADDRESS Chestertown, Md.

RECEIVED
FEB 7 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00633 **CERTIFICATE OF DEATH** Reg. Dist. No. 00630 209

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rock Hall
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Kent
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rock Hall
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Arthur (Middle) (Last) Coleman

4. DATE OF DEATH (Month) Jan (Day) 27 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married
8. DATE OF BIRTH: Aug 29-1901
9. AGE last birthday 53 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trucking
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Coleman
14. MOTHER'S MAIDEN NAME: Rumella Lolley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 220-32-1099
17. INFORMANT & ADDRESS: Mrs Charlet Coleman Rock Hall

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

521X
IMMEDIATE CAUSE (A) Pulmonary Edema
ANTECEDENT CAUSE (S) DUE TO (B) Appendical abscess Abscess Liver
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Abscess Lung

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Abscess Brain

19A. DATE OF OPERATION: Aug 1/54
19B. MAJOR FINDINGS OF OPERATION Abscess Lung May 3/54 Abscess Liver
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1954 to Jan 27, 1955, that I last saw the deceased alive on Jan 27, 1955, and that death occurred at 8:30 M. from the causes and on the date stated above.
SIGNATURE Herbert C. Nutsch M.D. ADDRESS Rock Hall DATE SIGNED Jan 29-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF Jan 30-55
NAME OF CEMETERY OR CREMATORY Wesley Chapel
LOCATION (City, town, or county) Rock Hall (State) Md

DATE REC'D BY LOCAL REGISTRAR 1/30/55
REGISTRAR'S SIGNATURE S. Elwood Burgess
24. FUNERAL DIRECTOR Edgar L. Lane ADDRESS Church Hill Md

RECEIVED
FEB 4 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00631

00627 **CERTIFICATE OF DEATH** Reg. Dist. No. 202

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 37 Chestertown
LENGTH OF STAY (in this place) ½ day
HOSPITAL OR INSTITUTION OR STREET ADDRESS 72 Kent & Queen Anne Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Kent
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown 37
STREET ADDRESS (If rural give location) RFD Morgnec 1

3. NAME OF DECEASED: (Type or Print) (First) Clara (Middle) (Tilly) (Last) Cotton
4. DATE OF DEATH: (Month) Jan. (Day) 13 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	colored	don't know	Jan. 18, 1885	69 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework		Kent Co. Maryland	USA

13. FATHER'S NAME: Joseph Cotton
14. MOTHER'S MAIDEN NAME: Annie Denby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no	218-30-2226	Freddie Cleaves Chestertown, Md Morgnec

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

493X
IMMEDIATE CAUSE (A) Probable pneumonia, hypostatic
DUE TO
ANTECEDENT CAUSE (S) a few days
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B)
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-12, 1955 to 1-13, 1955, that I last saw the deceased alive on 1-13-, 1955, and that death occurred at 7:45 P.M., from the causes and on the date stated above.

SIGNATURE	ADDRESS	DATE SIGNED
Robert W. Farr, M.D. M.D.	Chestertown, Md.	1-15-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 16, 1955	Morgnec Cem.	Chestertown, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Jan. 16-1955	Clara L. Barnes.	J. Willis Wells - Chestertown, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

RECEIVED
JAN 18 1925
BUREAU V. S.

MARYLAND 00634

STATE DEPARTMETT OF HEALTH

00632

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH
COUNTY: KENT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ~~RURAL~~ WORTON
LENGTH OF STAY (in this place): ~~10 YRS.~~
HOSPITAL OR INSTITUTION OR STREET ADDRESS: KENT + QUEEN ANNE'S HOSP. CHESTERTOWN, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND COUNTY: KENT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL WORTON
STREET ADDRESS (If rural, give location): NEAR BETTERTON

3. NAME OF DECEASED (Type or Print): MARY (First) LOUISE (Middle) DAGGETT (Last)

4. DATE OF DEATH: JAN. (Month) 20 (Day) 1955 (Year)

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): MARRIED

8. DATE OF BIRTH: JULY 2 1892

9. AGE last birthday: 62 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWORK

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: HARRY LEHMANN

14. MOTHER'S MAIDEN NAME: SUSAN JONES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If year, give war or dates of service): NONE

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: W.E. DAGGETT WORTON, RURAL, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443 X

Immediate cause (a): (R) CVA

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): Hypertension

(c):

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-19, 1955, to 1-20, 1955, that I last saw the deceased alive on 1-20, 1955, and that death occurred at 6:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): R.M. Atkins M.D. ADDRESS: Chestertown, Md. DATE SIGNED: 1-21-55

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): BURIAL
DATE: 1-23-55
NAME OF CEMETERY OR CREMATORY: WESLEY CHAPEL CEMTY
LOCATION (City, town, or county) (State): ROCK HALL MD.

DATE REC'D BY LOCAL REG.: Jan. 22-1955
REGISTRAR'S SIGNATURE: Clara L. Barnes.

24. FUNERAL DIRECTOR: B.R. Fillows ADDRESS: Still Pond, Md.

MARGIN RESERVED FOR BINDING

00635

00633

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2-02

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Chestertown R.D. 2 | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Stoops Farm

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown R.D. X
STREET ADDRESS (If rural, give location) Stoops Farm /

3. NAME OF DECEASED (Type or Print): (First) LELIA (Middle) V (Last) LAMB

4. DATE OF DEATH: (Month) Jan. (Day) 25, (Year) 19 55

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Dec. 8, 1858

9. AGE last birthday: 96 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Broad Neck, Kent Co. Md.

12. CITIZEN OF WHAT COUNTRY: America

13. FATHER'S NAME: Samuel T. Chambers

14. MOTHER'S MAIDEN NAME: Marion H. Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Margaret Brown Chestertown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Gen. Arteriosclerosis — Interval between onset and death:

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-25-55 to 1-24, 19 55, that I last saw the deceased alive on 1-24, 19 55, and that death occurred at 2:05 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

R. M. Adkins M.D. Chestertown, Md. 1-26-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 1/28/55 | NAME OF CEMETERY OR CREMATORY: Louden Park Cemetery | LOCATION (City, town, or county) (State): Baltimore Maryland

DATE REC'D BY LOCAL REG.: Jan. 26-1955 | REGISTRAR'S SIGNATURE: Clara L. Barnes

24. FUNERAL DIRECTOR: Marvin V. Williams ADDRESS: Chestertown Md

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 28 1955

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00634

00636

CERTIFICATE OF DEATH

Reg. Dist. No. 200

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Millington
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesterville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) BERTIE (Middle) ADAM (Last) MEEKINS

4. DATE OF DEATH: (Month) Jan. (Day) 29 (Year) 1955

5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Jan. 1, 1919
9. AGE last birthday: 36 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Painter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lawarence Adam Meekins
14. MOTHER'S MAIDEN NAME: Minnie Wheat

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 1 Yes. (If Yes, give war or dates of [redacted]) W.W. II
16. SOCIAL SECURITY No.: 218-03-0549
17. INFORMANT & ADDRESS: Mrs Madeline Meekins - Kennedyville, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

825X

Immediate cause (a) Intracranial injuries

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Auto accident

DUE TO

(c)

Interval Between Onset And Death: None

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway
(CITY OR TOWN) near Millington (COUNTY) Kent (STATE) Md.
TIME OF INJURY (Month) 1 (Day) 29 (Year) 55 (Hour) 8:00 p.m.
INJURY OCCURED While at Work ☐ Not While At Work ☒
HOW DID INJURY OCCUR? I manto accident - thrown from car

22. I hereby certify that I attended the deceased from 1-29, 1955, to 1-29, 1955, that I last saw the deceased alive on 1/29, 1955, and that death occurred at 8:00 p.m., from the causes and on the date stated above.

SIGNATURE Robert W. F. (Degree or title) M.D. Deputy Medical Examiner ADDRESS Chestertown, Md DATE SIGNED 1-29-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Feb. 1, 1955
NAME OF CEMETERY OR CREMATORY Chester Cem.
LOCATION (City, town, or county) Chestertown (State) Md.

DATE REC'D BY LOCAL REGISTRAR Jan. 31, 1955
REGISTRAR'S SIGNATURE Edward Fellows
24. FUNERAL DIRECTOR Edward Fellows
ADDRESS Millington, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

00635

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00628

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (In this place) 23 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent Co. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall
STREET ADDRESS (If rural, give location) Rock Hall

3. NAME OF DECEASED (Type or Print): (First) Harvey (Middle) (Last) Mentzer

4. DATE OF DEATH: (Month) January (Day) 29 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: April 11, 1882

9. AGE last birthday: 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Builder

10b. KIND OF BUSINESS OR INDUSTRY: Real Estate

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Josiah Mentzer

14. MOTHER'S MAIDEN NAME: Amanda Hockensmith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: 231-01-1979

17. INFORMANT AND ADDRESS: Hosp. Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Circulatory failure — Interval between onset and death: 8 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio-vascular-renal disease — 1 year

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1-21-55

19b. MAJOR FINDINGS OF OPERATION: Hypertrophy of prostate

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, OF INJURY office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-21, 19 55, to 1-29, 19 55, that I last saw the deceased alive on 1-28, 19 55, and that death occurred at A.M. m., from the causes and on the date stated above.

SIGNATURE: A.C. Sick — (Degree or title) M.D. — ADDRESS: Chestertown, Md. — DATE SIGNED: 1-29-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Feb. 1 1955 — NAME OF CEMETERY OR CREMATORY: Wesley Chapel Cemetery — LOCATION (City, town, or county) (State): Rock Hall, Md.

DATE REC'D BY LOCAL REG.: Jan. 31-1955 — REGISTRAR'S SIGNATURE: Clara L. Barnes — 24. FUNERAL DIRECTOR — ADDRESS: Harrison Undertaking Co. Chestertown Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S

00636

MARYLAND 00637

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH
COUNTY KENT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN KENNEDYVILLE
MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY KENT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN KENNEDYVILLE
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) GEORGE (Middle) HENRY (Last) SCHOFIELD

4. DATE OF DEATH (Month) JAN. (Day) 20, (Year) 1955

5. SEX MALE

6. COLOR OR RACE COLORED

7. ~~(Single, Married,~~ WIDOWED, ~~DIVORCED~~ (Specify) WIDOWER

8. DATE OF BIRTH

9. AGE last birthday 74 yrs. If under 1 year Months. Days. If under 24 hrs. Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARM LABORER

10b. KIND OF BUSINESS OR INDUSTRY FARM

11. BIRTHPLACE (State or foreign country) MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME HENRY SCHOFIELD

14. MOTHER'S MAIDEN NAME UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) NONE

16. SOCIAL SECURITY NO. 220-03-3877

17. INFORMANT AND ADDRESS FREDERICK ROY KENNEDYVILLE, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

Immediate cause (a) Gen. arteriosclerosis — Interval between onset and death ?

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from D O A 1-20-55, 19....., to....., 19...., that I last saw the deceased alive on....., 19....., and that death occurred at about 3 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) R. M. Atkins M.D. ADDRESS Chestertown, Md. DATE SIGNED 1-21-55

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

DATE 1-22-55

NAME OF CEMETERY OR CREMATORY MT ZION CEMETERY

LOCATION (City, town, or county) STILL POND, (State) MD.

DATE REC'D BY LOCAL REG. 1/24/55

REGISTRAR'S SIGNATURE C Kinnard Jones

24. FUNERAL DIRECTOR B. R. Fellows ADDRESS Still Pond, Md.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

00637

2411 N. Charles Street, Baltimore

00629

CERTIFICATE OF DEATH

Reg. Dist. No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
14 COUNTY Kent Co — MARYLAND
27 CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (In this place)
72 HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md — COUNTY Kent 14
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall Md. X
STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED (Type or Print): (First) Harrison (Middle) E (Last) Wagner

4. DATE OF DEATH: (Month) Jan (Day) 3 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Feb 25 1872

9. AGE last birthday: 82 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Blacksmith

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm. Wagner

14. MOTHER'S MAIDEN NAME: Anne Maslin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): /

16. SOCIAL SECURITY NO.: /

17. INFORMANT AND ADDRESS: Martin Wagner Rock Hall.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: /

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 3, 19 55, to Jan 3, 19 55, that I last saw the deceased alive on Jan 3, 19 55, and that death occurred at 10 15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Willard F. Smith MD — ADDRESS: Rock Hall, Maryland — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Jan 6 55 — NAME OF CEMETERY OR CREMATORY: Wesley Chapel — LOCATION (City, town, or county) (State): Rock Hall Md.

DATE REC'D BY LOCAL REG.: Jan 6 1955 — REGISTRAR'S SIGNATURE: Clara L. Barnes

24. FUNERAL DIRECTOR: Edgar I. Lane — ADDRESS: Church Hill Md.

MARYLAND STATE DEPARTMENT OF HEALTH

00638

00630

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown — LENGTH OF STAY (in this place) 37
HOSPITAL OR INSTITUTION OR STREET ADDRESS Philosophers Ter.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown 37
STREET ADDRESS (If rural, give location) Philosophers Ter. 1

3. NAME OF DECEASED (Type or Print): (First) Catherine (Middle) C. (Last) Wheat

4. DATE OF DEATH: (Month) Jan. (Day) 21 (Year) 55 19

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 28 1871

9. AGE last birthday: 83 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Ruthsburg Queen Anne Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Connelly

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Mrs. J. Arthur Cooper-Chestertown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Intracranial hemorrhage - (Stroke) — Interval between onset and death: 2½ hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-21, 1955, to 1-24, 1955, that I last saw the deceased alive on 1-21, 1955 and that death occurred at 6:15 P. m., from the causes and on the date stated above.

SIGNATURE Chas. L. Barnes (Degree or title) M.D. ADDRESS Chestertown, Md. DATE SIGNED 1/24/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Jan. 24 1955 — NAME OF CEMETERY OR CREMATORY: Chester Cemetery — LOCATION (City, town, or county) (State): Chestertown, Maryland

DATE REC'D BY LOCAL REG.: Jan 24-1955 — REGISTRAR'S SIGNATURE: Clara L. Barnes.

24. FUNERAL DIRECTOR: Marvin V. Williams — ADDRESS: Chestertown Md

Marvin V. Williams

RECEIVED
JAN 26 1955
BUREAU V. S.

00639

00638

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 203

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall (near) X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Found dead in car just off the highway 00

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairlee near Chestertown, Md X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Frisby (Middle) N. (Last) Willson
4. DATE OF DEATH (Month) (Day) (Year) Jan. 23, 1955 19

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH 12/9/1904
9. AGE last birthday 50 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Register of Wills
10b. KIND OF BUSINESS OR INDUSTRY for Kent Co.
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME B. Neal Willson
14. MOTHER'S MAIDEN NAME Alice Sappington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 216-12-1075
17. INFORMANT AND ADDRESS Mrs. Irving Chance Fairlee, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4343

Immediate cause (a) unknown - ~~probable [illegible]~~ Probable heart attack

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH none

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) 1 23 55 7 am.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Found dead in automobile which had run off road and stopped without upsetting or sustaining severe crash

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS ~~Rock Hall~~ Chestertown Md DATE SIGNED 1-24-55

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Jan. 25, 1955
NAME OF CEMETERY OR CREMATORY St Paul's Cemetery
LOCATION (City, town, or county) (State) near - Chestertown, Md.

DATE REC'D BY LOCAL REG. Jan 25/55
REGISTRAR'S SIGNATURE S. Elwood Burgess
24. FUNERAL DIRECTOR J. Willis Wells - Chestertown, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JAN 27 19[illegible]
BUREAU V. S.